

vasoconstriction involving first the postglomerular arterioles and later the glomerular tufts." He further suggested that the vasoactive substance produced in the preglomerular arteriole may be responsible for this vasoconstriction.

More recently, Brown et al<sup>11</sup> found elevated renin levels in patients with acute renal failure, giving more credence to Goormaghtigh's hypothesis.

Finally, we very much like Schrier's definition of terms. We would shorten his definition of acute renal failure to *an acute impairment of renal function which is not reversible by manipulation of extrarenal factors*. Use of this definition then makes other terms more precise and meaningful. Thus, prerenal azotemia describes all conditions amenable to manipulation of the circulation and fluid status, and obstructive renal failure remains the third basic cause of oliguria. We agree with Schrier that the term *acute tubular necrosis* is not a clinical diagnosis but a pathological diagnosis and should be used sparingly, since this lesion appears so rarely among patients with acute renal failure.

Great though the improvement in the mortality from acute renal failure has been, it is probable that further improvement can be brought about by early, vigorous, preventive dialysis. Because of the increasingly severe nature of the diseases associated with acute renal failure, patients will continue to die *with* acute renal failure. However, with the methods and facilities now available, no patient should die *of* acute renal failure.

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## Dealing in Futures

### Part III—Planning in CMA

TWO PREVIOUS EDITORIALS in these columns have called attention to the problems of medicine and democratic societies when it comes to dealing in futures—that is, investing time, effort, resources and money today, in what can only be expected to pay off at some time in the future. The inherent weaknesses of democratic societies, be they institutions, organizations or governments, when it comes to thinking or planning very effectively much beyond the next election, were noted. In the world as it is today and will be tomorrow, this is a kind of weakness which can prove fatal to the health, well-being and even survival, not only of the institutions themselves but of the people who belong to them.

Organized medicine must be counted among the democratic institutions which have yet to solve this problem of dealing in futures. Recognizing a need many years ago the California Medical Association took an initial step when it created its Bureau of Research and Planning, the first of its kind in the nation. Although planning was part of the original concept, in practice the research function took precedence and the planning function of the Bureau was never carried through. Next the CMA created the first Committee on the Role of Medicine in Society and assigned it the task of exploring the long-range relationships of medicine with a rapidly changing social and practice environment. Subsequently the Council also established the first Committee on Organizational Review and Planning to be found in any medical society, and charged it with responsibility to recommend actions which would better shape the structure of the organization to perform its changing functions. Thus a troika of planning committees came into being. During the past several years the CMA has also sponsored two major Planning and Goals Conferences in the field of continuing edu-

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cation, and still more recently the Council itself has begun to hold annual "retreats" or planning sessions. But even with all of this effort, which is quite unusual, even precedent-shattering for a democratic organization, planning and action based on planning in CMA are still less than what is needed for these rapidly moving times. The means for truly dealing in futures for this association still elude discovery or identification. It is to be emphasized that this is a failing in the nature of democratic structure rather than of constituency or of leadership in CMA.

These are serious problems which must be dealt with much better than they are today if the democratic way is to be successful in the face of the growing number and complexity of social and health problems which need to be dealt with in the dimension of long-range time. Somehow or other the members of a democratic society and those chosen to govern it must gain a better perception of what may lie ahead, and a greater awareness of the temporal continuum which relates the problems and the decisions made or not made today, to the past, present and future. This implies that democratic institutions as a whole

must gain a greater capacity to receive and react in informed and responsible fashion to indicators and sensings both from their constituencies and from the environment. It also implies that far better means than now exist must be found to anticipate what lies ahead and to accomplish whatever may be necessary to do now for well-being or even survival in the predictable future.

There is much in all this that is analogous to what takes place in the more highly developed biological systems, and there is also much of human nature. It is a characteristic of physicians that they understand both biological systems and human nature more than most. The CMA has made an important beginning, but it is only a beginning. There is still a very long road ahead. Yet this road must be traveled, and the sooner the better, if our democratic systems are to continue to prevail. It would seem that if organized medicine were to recognize this problem for what it is, and if it could develop some kind of model solution within its own democratic framework, this would be a most significant contribution not only to medicine and health, but to society as a whole.

#### OFFICE ADMINISTRATION OF PENICILLIN

Do you administer intramuscular penicillin in the office?

"I do, in spite of the fact that I live in a state where there are a great number of malpractice suits. I think the important thing here is that you must be careful to ascertain whether there's any history of allergy to penicillin. I wish I could tell you there was some good test for determining sensitivity to penicillin. The three tests that have been recommended—the basophil degradation, the lymphocyte culture, and the skin test—are all difficult. I think most people now feel that the basophilic test is of no help in determining penicillin allergy. The lymphocytic culture test takes about six days, by which time the patient will have either recovered or died from his illness. The skin test does offer some promise, but it also requires technical skills which might not be available. I think a careful history is the important thing. If the patient has no history of previously receiving penicillin or of sensitivity to penicillin, I think that this agent can be administered intramuscularly in the office."

—EUGENE S. HOPP, M.D., San Francisco  
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